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MATERNAL AND CHILD HEALTH STATISTICS IN NORTH CAROLINA 1969-73 through 1979-83

This report, largely excerpted from the two-volume publication *Maternal and Child Health Statistics 1983*, was prepared by Dr. Michael J. Symons, Statistical Consultant, UNC School of Public Health, assisted by staff of the SCHS. The full publication, published intermittently by the Maternal and Child Care Section of the Division of Health Services, provides data for the state, various regional structures, counties and hospitals. Beginning with birth year 1984, the SCHS plans to publish state and county data on an annual basis; the 1984 report should be available in early fall.

North Carolina routinely collects information on maternal characteristics that are known risk factors for conditions associated with fetal, neonatal and postneonatal deaths. These risk factors are derived from information recorded on birth certificates and include young and old age, low educational level, out of wedlock marital status, high parity, a previous fetal death or a child born alive but who is now dead (1). Other factors which are not routinely collected but which are known to play important roles in birth outcome include genetic factors, environmental factors and infectious diseases. Exposures to various toxins in the atmosphere or food are specific examples. Therefore, many questions of interest to health officials concerned with fetal, neonatal and postneonatal mortality cannot be answered on the basis of routinely recorded birth and death data, but rather, require in-depth special studies.

However, many questions can be examined on the basis of these data. In particular, it is incumbent upon health officials to periodically examine the known recorded maternal characteristics that have traditionally been associated with morbid pregnancy outcomes in order to see if the risks are changing and, if so, in what direction, and to see if the distribution of risk characteristics among delivering women changes, and, if so, how. Also, questions regarding risk in various regions of the state may be answered from these data.

The trend analysis here has made use of the three previous publications which covered birth years 1969-73 (2), 1972-76 (3) and 1975-1979 (4) as well as the present analysis of the 1979-83 data. Overlapping 5-year periods in parts of the report were used to provide more stable rates. Although the use of overlapping years creates some correlation between rates, this should not affect the results of this report.

The following definitions apply to this study:

Live Birth — A live birth is the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy, which after such expulsion or extraction, breathes or shows any other evidence of life, whether or not the umbilical cord has been cut.

Fetal Death — A fetal death (stillbirth) is a death prior to complete expulsion or extraction from its mother of the product of conception. This report shows only registered fetal deaths of 20 or more weeks gestation that were not recorded as abortions.

Neonatal Death — A neonatal death is the death of a liveborn child under 28 days of age. This report shows only matched neonatal deaths. A matched neonatal death is one which is matched with a birth certificate.